



TEXAS BOARD OF HEALTH APPLICATION FOR ADVISORY COMMITTEE APPOINTMENT

Name of Committee/Board Medical Radiologic Technologist Advisory Committee Initial appointment ☐ Reappointment ☐

Position Applied for _____
(Consumer, Non-consumer)

Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA". Your eligibility will be determined from the information you submit in this application. No resumes will be considered.

1. Name: _____
*First**Middle**Last*

2. Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____	3. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
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4. Education: _____

5. Professional License, Registration or Certification, if applicable: _____

6. Relevant Experience (paid employment or volunteer): _____

7. Why do you wish to serve in this capacity? _____

8. Personal and professional achievements (include activities which address contributions you could make to the committee or board):

9. Have you ever been disciplined by any licensing board/professional or civic organization? ☐ Yes ☐ No If yes, please explain:

10. Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)? ☐ Yes ☐ No If yes, please explain:

11. Home Address

Street or P.O. Box

Apartment #

City

State

Zip

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Home #

Fax #

Home e-mail

13. Please indicate where you would like to receive future communications:

Home

Employment

12. Employment Address

Name of Employer

Street or P.O. Box

Suite #

City

State

Zip

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Business #

Fax #

Current Position Title

Work e-mail

14. TWO SIGNED AND DATED LETTERS OF RECOMMENDATION FROM PROFESSIONAL AND/OR CIVIC ORGANIZATIONS MUST BE ATTACHED.

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

Signature of Nominee

Date

PLEASE RETURN THIS FORM TO:

Medical Radiologic Technologist Certification Program

Professional Licensing and Certification Division

Texas Department of Health

1100 West 49th Street

Austin, Texas 78756-3199

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.tdh.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

All applications will be kept on file in the Board of Health Office for twelve (12) months and may be considered for appointment to this or other advisory committees. Enclosed is a list of Advisory Committees of the Board of Health; more information about these committees and their purpose can be found at www.tdh.state.tx.us/comm/board/board.htm. Please list other Advisory Committees on which you may be interested in serving.

Committee